## P500070742

| (Re                     | questor's Name)      |              |
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| PICK-UP                 | WAIT                 | MAIL         |
|                         |                      |              |
| (Bu                     | isiness Entity Nar   | ne)          |
| (Do                     | ocument Number)      |              |
|                         |                      |              |
| Certified Copies        | _ Certificates       | s of Status  |
| Special Instructions to | Filing Officer:      |              |
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SECRETIANY OF STATE

ALLAHASSEET FLORIDA

ALLAHASSEET FLORIDA



August 25, 2017

JOSE DILONE MELAO CAFE INC 9957 W DAFFODIL LANE MIRAMAR, FL 33025

SUBJECT: MELAO CAFE INC Ref. Number: P15000070742

We have received your document for MELAO CAFE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CANNOT USE BENEFIT SOCIAL FORM

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 517A00017614

Shelia H Young Regulatory Specialist II



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR           | ATION: MELAO CAFE II  | NC.  |  |  |  |
|--------------------------|---|--|--|--|--|
| DOCUMENT NUMB            | ER: P15000070742  | · · · · · · · · · · · · · · · · · · ·                              |  |  |  |
|                          | of Amendment and fee are su   | bmitted for filing.  |  |  |  |
| Please return all corres | pondence concerning this ma   | tter to the following:   |  |  |  |
|                          | JOSE DILONE   |  |  |  |  |
|                          | Name of Contact Person  |  |  |  |  |
|                          | MELAO CAFE INC.   |  |  |  |  |
| -                        | Firm/ Company   |  |  |  |  |
|                          | 19597-19605 NW 57TH AVENUE  |  |  |  |  |
| •                        | Address   |  |  |  |  |
|                          | MIAMI, FLORIDA 33055  |  |  |  |  |
| •                        |   | City/ State and Zip Cod  | e  |  |  |
| JDDil                    | LONE@HOTMAIL.COM  |  |  |  |  |
| <del></del> -            | E-mail address: (to be us   | sed for future annual report                                       | notification)  |  |  |
| For further information  | concerning this matter, pleas   | se call:   |  |  |  |
| JOSE DILONE              |   | at ( <u>347</u>  | 557-3816   |  |  |
| Name of Contact Person   |   | Area Co  | de & Daytime Telephone Number  |  |  |
| Enclosed is a check for  | the following amount made   | payable to the Florida Depa  | artment of State:  |  |  |
| ■ \$35 Filing Fee        | □\$43.75 Filing Fee & Certificate of Status                               | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Ame<br>Divis<br>P.O.     | ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314 | Ameno<br>Divisio<br>Clifton  | Address Iment Section on of Corporations Building Executive Center Circle              |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MELAO CAFE INC

| (Name o  | of Corporation as currentl   | y filed with the Florida Dept. of Stat                          | <u>te</u> )                              |
|--|--|---|--|
| P15000070742   |  |   |  |
|  | (Document Number o   | f Corporation (if known)  |  |
| Pursuant to the provisions of section 607. its Articles of Incorporation:  | 1006, Florida Statutes, this   | Florida Profit Corporation adopts the                           | following amendment(s)                   |
| A. If amending name, enter the new na  | ame of the corporation:  |   | The same                                 |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc." or "   | Co". A professional corporation na                              |  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)            |  | 19597-19605 NW 57TH AVENUE                                      | Ē  |
|  |  | MIAMI, FLORIDA 33055  |  |
|  |  |   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              |  | 9957 W. DAFFODIL LN   |  |
|  |  | MIRAMAR, FL 33025   | 50000000000000000000000000000000000000   |
|  |  |   | · 多多 m                                   |
| D. If amending the registered agent an<br>new registered agent and/or the new  |  |   | E ST |
| Name of New Registered Agent   | JOSE DILONE  |   | <b>智</b> 元 3                             |
|  | 9957 W. DAFFODIL LN  |   | * *                                      |
|  | (Florida str   | eet address)  |  |
| New Registered Office Address:   | MIRAMAR  | . Florida   | 33025                                    |
| New Registered Office Address.   |  | (City)  | (Zip Code)                               |
|  |  | ( <u>, )</u>  | Top Goule,                               |
| N D  | h to D to A A  |   |  |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist                                  | nanging Registered Agent<br>tered agent. I am familiar i   | <u>:</u><br>with and accept the obligations of the <sub>l</sub> | position.                                |
|  |  |   |  |
| - dund   | De la company de |   |  |
|  | Signature of New F   | Registered Agent, if changing                                   |  |

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change          | <u>74</u>    | John Doe        |  |
|----------------------------|--------------|-----------------|--|
| X Remove                   | <u>V</u>     | Mike Jones      |  |
| X Add                      | <u>sv</u>    | Sally Smith     |  |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>     | <u>Addres</u> s  |
| 1) Change                  | Р            | JOSE DILONE     | 9957 W. DAFFODIL LN  |
| X Add                      |              |                 | MIRAMAR, FL 33025  |
| Remove                     |              |                 |  |
| 2) Change                  | P            | JUAN B. CASTRO  | 19605 NW 57TH AVENUE   |
| Add                        |              |                 | MIAMI, FL 33055  |
| X Remove                   |              |                 |  |
| 3 ) Change                 | VP           | DANIEL D. NUNEZ | 19605 NW 57TH AVENUE   |
| Add                        |              |                 | MIAMI, FL 33055  |
| X Remove                   |              |                 |  |
| 4) Change                  |              | _               |  |
| Add                        |              |                 |  |
| Remove                     |              |                 |  |
| 5) Change                  | <del></del>  |                 |  |
| Add                        |              |                 | *****  |
| Remove                     |              |                 | ·  |
| 6) Change                  |              |                 | at the first of the state of th |
| Add                        |              |                 |  |
| Remove                     |              |                 |  |

| E. <u>If ar</u><br>(Atta | nending or adding additional Articles, enter change(s) here:<br>ch additional sheets, if necessary). (Be specific) |
|--------------------------|--|
| N/A                      |  |
|                          |  |
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| F Ifar                   | amendment provides for an exchange, reclassification, or cancellation of issued shares,                            |
| pro                      | visions for implementing the amendment if not contained in the amendment itself:                                   |
|                          | (if not applicable, indicate N/A)  |
| N/A                      |  |
|                          |  |
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| . 08/16/2017  |                                     |
|---|-------------------------------------|
| The date of each amendment(s) adoption:   | , if other than the                 |
| 08/16/2017  |                                     |
| Effective date if applicable:  (no more than 90 days after amendment file date)   | <del>.</del>                        |
| (no more than 90 days after amenament fite date)  |                                     |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.                     | this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                                     |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.   | dment(s)                            |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(s) |                                     |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |                                     |
| by"  (voting group)   |                                     |
| (voting group)  |                                     |
| The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.   | ıreholder                           |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.  | lder                                |
| Dated 9 19 70 17  |                                     |
| Signature Summan Signature  |                                     |
| (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or other officers.)                        |                                     |
| appointed fiduciary by that fiduciary)  | ici court                           |
| JOSE DILONE   |                                     |
| (Typed or printed name of person signing)   |                                     |
| PRESIDENT   |                                     |
| (Title of person signing)   |                                     |